



STATE OF TENNESSEE  
DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT  
TENNESSEE BIODIESEL MANUFACTURER  
GRANT APPLICATION

FOR OFFICE USE ONLY

<input type="checkbox"/> GRANT APPROVED	NUMBER:	DATE:
<input type="checkbox"/> GRANT DENIED	REASON:	

DATE	AREA CODE AND TELEPHONE NUMBER		
OWNER'S NAME	AREA CODE AND FAX NO		
EMAIL ADDRESS	FEDERAL EMPLOYER IDENTIFICATION NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

IF A PARTNERSHIP, PLEASE LIST THE NAMES AND ADDRESSES OF ALL PARTNERS

NAME OF PARTNER	ADDRESS

	YES	NO
IS YOUR COMPANY LICENSED WITH THE TENNESSEE DEPARTMENT OF REVENUE? (PROVIDE COPY OF CERTIFICATE FROM REVENUE)		
	YES	NO
IS YOUR COMPANY IN GOOD STANDING WITH THE TENNESSEE SECRETARY OF STATE'S OFFICE? (PROVIDE COPY OF CERTIFICATE OF GOOD STANDING)		
MAXIMUM NUMBER OF GALLONS OF BIODIESEL YOU EXPECT TO PRODUCE ANNUALLY (7/1 - 6/30)		

MONTH	PROJECTED TOTAL PRODUCTION IN TENNESSEE (GALLONS)	PROJECTED TOTAL SOLD TO TENNESSEE DISTRIBUTOR (GALLONS)	PROJECTED TOTAL SOLD TO NON-TENNESSEE DISTRIBUTOR (GALLONS)
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
GRAND TOTAL			

I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE:

NAME	TITLE	DATE

NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED TO ENSURE THAT GRANTS ARE MADE ONLY TO TENNESSEE BIODIESEL MANUFACTURERS.

\*\*\* need form number and date